



TOWN OF FREMONT

Office of Selectmen

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Fremont NH 03044-0120

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REIMBURSEMENT FOR OUT-OF-POCKET EXPENSES

NAME: _____ DATE: _____

ADDRESS: _____

EXPENSES-PLEASE ATTACH RECEIPTS:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

DATE: _____ MILEAGE TO/FROM: _____ # OF MILES

TOTAL # OF MILES _____

X \$. _____ /MILE _____

GRAND TOTAL REIMBURSEMENT DUE \$

For Office Use Only

ACCOUNTS TO BE CHARGED

_____ \$ _____ \$ _____
_____ \$ _____ \$ _____